

PLAINTIFF Troy Moore, Sr.	COURT CASE NUMBER 14-3873									
DEFENDANT S. Walton, Corrections Officer	TYPE OF PROCESS <i>Lawson FSC</i>									
SERVE → { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN 8301 State Road-- Philadelphia, Pa 19136 Correctional Industrial Center <small>ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)</small>										
AT 8301 State Road --- Philadelphia, Pa 19136										
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Troy Moore</td> <td style="width: 10%;">Number of process to be served with this Form - 285</td> <td style="width: 60%;">1</td> </tr> <tr> <td>§ SCI-Forest P.O. Box 945 Marienville, Pa 16239</td> <td>Number of parties to be served in this case</td> <td>1</td> </tr> <tr> <td></td> <td>Check for service on U.S.A.</td> <td>XXX</td> </tr> </table>		Troy Moore	Number of process to be served with this Form - 285	1	§ SCI-Forest P.O. Box 945 Marienville, Pa 16239	Number of parties to be served in this case	1		Check for service on U.S.A.	XXX
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§ SCI-Forest P.O. Box 945 Marienville, Pa 16239	Number of parties to be served in this case	1								
	Check for service on U.S.A.	XXX								

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

It is imperative that you serve Judge Robreno and plaintiff a copy of process receipt in a timely manner. It has been 8 months since defendant Walton has not been served as required. Plaintiff aunt will be calling your office to ascertain information about serving defendant Walton..

Signature of Attorney or other Originator requesting service on behalf of: <i>Troy Moore</i>		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER n/a	DATE 9-16-16
		<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. <i>1</i>	District to Serve No. <i>1</i>	Signature of Authorized USMS Deputy or Clerk <i>M. Shulinsky</i>	Date <i>10/16/16</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service	Time am pm
		Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

① City will not accept - Duplicate records need more info or just caption the City as defendant. B-DeRosa 10-18-16